CLAIMS ONLY

Application Number	Filing Date
10/743730	

Applicant(s)

10-24-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5			—	—		
6				/		
7				/		
8				/		
9				/		
10				/		
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13				/		
14				/		
15				/		
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18				/		
19				/		
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25				/		
26			—	—		
27				/		
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30				/		
31			—	—		
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33				/		
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38			—	—		
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41				/		
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
Total Indep			18			
Total Depend			33			
Total Claims			51			

	*		* 10-24-05		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51			/			
52			/			
53			/			
54			/			
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100						
Total Indep						
Total Depend						
Total Claims						